

**CITY OF TROY
ONE MONUMENT SQUARE
TROY, NY 12180
ATTN: NANCY WRITE**

VENDOR INFORMATION REQUEST FORM

The City of Troy is in the process of updating our new computer system, so that all the information is correct. We would appreciate your help in this matter. Please complete the following information and return to this office as soon as possible so that we may properly update our system.

VENDOR NAME: _____ ONLY ONE

PLEASE USE COMPLETE NAME
NO ABBREVIATIONS OR INITIALS

COMPLETE PURCHASE ORDER ADDRESS

COMPLETE REMIT TO ADDRESS

FAX NUMBER: _____

CONTACT PERSON: _____

PLEASE CHECK THE CATEGORY, WHICH ACCURATELY DESCRIBES YOU OR YOUR FIRM.

Failure to check one below will hold up your payment.

- (): GU: Government (State, County, City, Etc)
- (): MH: Medical and/or health care corporation
- (): PC: Professional Corporation (Accountant and/or Lawyers Only)
- (): CP: Corporation not catagorized above
- (): NC: Non-Corporation: (Individuals, Businesses, Partnerships, Etc.)
- (): EX: Reimbursement/Refunds (Exempt)
- (): HO: Home and/or Property Owner (Non Corp) Grant Recipient Only
- (): RT: Rental Payments

Please enter your Tax Identification Number or your Social Security Number below.

Tax ID ____ - ____ - ____ Soc. Sec. ____ - ____ - ____

Authorized Signature _____